Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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The Pattern of Heart Disease Mortality

IN VIEW of the increasing importance of heart disease and its changing etiological pattern, a review of the age and sex characteristics of the mortality from the major types of the disease is timely. The details may be seen in the table on page 2, which is based upon the experience among the white Industrial policyholders of the Metropolitan Life Insurance Company during 1950-1952.

Mortality from heart disease as a whole is at a minimum at ages 5-14, and thereafter rises without interruption to a maximum in old age. Among the insured men, for example, the death rate increases nearly fivefold between ages 25-34 and 35-44, more than triples in the next decade of life, and more than doubles again in each of the two succeeding age periods. For all ages combined, mortality from heart disease among males is about double that among females, with the greatest excess in the age range 35-54 years, where the death rate among males is about three times that among females.

As the table indicates, congenital heart disease is the predominant type among very young children. Moreover, it is responsible for more than one fourth of all the deaths from heart disease at ages 5-14, and for approximately one seventh of the total at ages 15-24. The toll exacted by congenital heart conditions accounts for the higher cardiac death rate at ages 1-4 than at 5-14 years.

Rheumatic fever is now first among the causes of heart disease in the age range 5-34 years among males and at ages 5-44 among females. It accounts for approximately one half of all the deaths from heart disease among males at ages 5-24, and for a somewhat greater proportion among females at 5-34 years of age. The death rate from rheumatic heart disease in adult life is moderately but consistently higher among males than among females.

Arteriosclerotic heart disease — primarily coronary artery disease — currently overshadows all other types of heart disease in the aggregate. Among the insured males at all ages combined, arteriosclerotic heart disease, with or without hypertension, accounts for as much as 70 percent of all deaths from heart disease; among females the proportion is appreciably smaller. The relative importance of this type of heart disease increases rapidly with advance in

MORTALITY FROM DISEASES OF THE HEART BY ETIOLOGICAL TYPE
WHITE PERSONS, BY SEX AND AGE. METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, 1950-1952

AGE PERIOD (YEARS)	WHITE MALES							WHITE FEMALES						
	Total Heart Diseases	TYPE OF HEART DISEASE						Total Heart Diseases	TYPE OF HEART DISEASE					
		Congenital	Rheumatic	Syphilitic	Hypertensive	Arteriosclerotic (Including Coronary)	Other		Congenital	Rheumatic	Syphilitic	Hypertensive	Arteriosclerotic (Including Coronary)	Other
	AVERAGE ANNUAL DEATH RATES PER 100,000													
1-74*	343.3	1.2	17.0	2.9	34.3	240.3	47.6	171.2	1.1	14.3	.7	33.0	95.5	26.7
1- 4	4.7	3.2	.3	—	.1	.1	1.1	5.5	4.3	.5	—	.1	.1	.6
5-14	3.9	1.0	2.0	—	†	.1	.8	3.5	1.0	2.0	—	†	.1	.4
15-24	8.4	1.4	4.0	.1	.3	.8	1.9	7.0	1.0	3.9	†	.2	.5	1.3
25-34	29.4	1.5	12.2	.1	1.3	10.3	4.1	15.5	.9	9.0	.1	.8	2.1	2.6
35-44	140.4	1.0	26.7	.3	8.1	88.0	16.3	47.9	.8	18.6	.3	7.0	14.3	7.0
45-54	499.3	.6	32.7	4.9	42.7	365.4	52.9	164.0	.7	29.1	1.1	34.9	76.4	21.8
55-64	1176.7	.4	37.2	12.2	115.3	870.7	140.9	511.3	.3	33.7	2.5	100.3	305.0	69.5
65-74	2492.9	.3	45.7	18.3	290.9	1719.3	418.4	1574.3	.3	40.8	3.9	311.9	947.6	269.8
	PERCENT OF TOTAL HEART DISEASES													
1-74	100.0	.4	4.9	.9	10.0	70.0	13.8	100.0	.5	8.1	.4	19.3	56.2	15.5
1- 4	100.0	68.2	5.9	—	1.2	1.2	23.5	100.0	78.8	9.1	—	1.0	1.0	10.1
5-14	100.0	25.9	51.3	—	1.0	2.1	19.7	100.0	29.2	55.6	—	1.2	2.3	11.7
15 24	100.0	16.8	47.4	.9	3.1	9.4	22.4	100.0	14.3	56.1	.3	3.4	6.9	19.0
25-34	100.0	5.0	41.4	.3	4.5	35.0	13.8	100.0	5.9	58.0	.4	4.9	13.7	17.1
35-44	100.0	.7	19.0	.2	5.7	62.7	11.6	100.0	1.6	38.7	.7	14.6	29.8	14.7
45-54	100.0	.1	6.5	1.0	8.6	73.2	10.6	100.0	.4	17.7	.7	21.3	46.6	13.3
55-64	100.0	†	3.2	1.0	9.8	74.0	12.0	100.0	.1	6.6	.5	19.6	59.7	13.6
65-74	100.0	†	1.8	.7	11.7	69.0	16.8	100.0	†	2.6	.2	19.8	60.2	17.1

*Adjusted for age on basis of total United States population, 1950. †Less than .05.

Note: Congenital and syphilitic heart disease, as well as acute rheumatic fever, are included in this study although they are not classified under heart disease in the International List of Causes of Death.

age. Among males, the rise is from more than one third of all heart deaths as early as ages 25-34 to three fourths of the total at ages 45-64. Among women also, the relative importance of arteriosclerotic heart disease rises rapidly with age, but not until ages 55-64 does it account for more than half of all cardiac deaths.

Arteriosclerotic heart disease is primarily responsible for the great excess in the total death rate from heart disease among males as compared with females. At ages 1-74 combined, the adjusted mortality among males from arteriosclerotic heart disease is about 2½ times that among females; the greatest disparity in death rates occurs at ages 35-44, where the ratio is six to one.

On the other hand, hypertensive heart disease, which is the second most important category in the mortality from heart disease, shows about the same death rate for both sexes. This category accounts, however, for a much higher proportion of all heart deaths among women than among men—about one fifth as against one tenth.

Currently, syphilitic heart disease constitutes a very small part of the total death rate from heart disease. In this insurance experience, it was responsible for less than 1 percent of all the deaths from heart disease among men; it was even less important among women.

The past generation has witnessed radical changes in the relative prevalence of the various types of heart disease. Adequate data are not available from mortality statistics, but the point is well illustrated by clinical statistics collected in New England in 1925 and in 1950 by Dr. Paul D. White.* The figures show that the proportion of cases of heart disease due to rheumatic fever has been cut in half during this quarter century—from approximately two fifths to one fifth of the total. At the same time, the proportion from coronary heart disease has more than doubled—from approximately one fifth of the total to more than two fifths. Relatively, the incidence of hypertensive heart disease has declined slightly, while the proportion of cases of syphilitic heart disease dropped to less than one fourth what it was 25 years ago.

These changes in the heart disease picture reflect the interaction of a number of factors. Better control of rheumatic heart disease has been achieved, in part, through the use of antibiotics in the prevention and treatment of streptococcal infections, which play so important a role in the onset or recurrence of rheumatic fever. The antibiotics also deserve some of the credit for the decline in mortality from syphilitic heart disease, but the maximum value of this therapy is only beginning to be reaped. The rise in coronary heart disease reflects, in large part, the increasing proportion of older persons in the population. Other factors, however, are also involved, not all

*"Changes in the Relative Prevalence of Various Types of Heart Disease in New England," *Journal of the American Medical Association*, May 23, 1953, p. 303.

of which are fully understood. Intensive research is being conducted along many lines—clinical, pathological, nutritional, and social—to unravel these factors, and to find means to halt and reverse the rising toll of premature mortality from coronary disease in our country. The Life Insurance Medical Research Fund, supported by the Life insurance companies, is encouraging and aiding investigations toward that objective and the control of other cardiovascular disorders as well.

Age Differences of Brides and Grooms

AMERICAN men generally marry in their 20's, choosing brides a year or two younger than themselves. However, men who marry later in life prefer women several years their junior. These age differences are evident from the accompanying table, which is based upon marriages in Massachusetts.

Thus, during 1947-1951 men in the age group from 20 through 24 years—averaging about 22½ years—married women whose average age was 21½ years, a difference of about one year. But grooms in their 30's took brides about five years their junior, on an average; the disparity increased to eight years where the man was marrying in his middle 50's. In the relatively few marriages where the groom was past 70, the average age of the bride was about 10 years less than his.

Whether or not a groom had been previously married has little influence on the age of the bride he chooses, according to the Massachusetts experience. For example, bachelors 20-24 years of age took brides whose average age was 21.5 years, which compares with 21.9 years for brides of the men who had been wed before. However, the average age of brides varies appreciably with their prior marital status. For example, spinsters who married bachelors in the age group 20-24 years were 21.4 years old, on an average, whereas the corresponding divorcees and widows were 25.1 years of age. It is thus apparent that where men marry women older than themselves the proportion of divorcees or widows is higher than in couples where the bride is younger than the groom.

Where the groom is under age 30, the difference in age between the bride and groom is about the same now as a generation ago. On the other hand, men marrying later in life now choose brides somewhat closer to their own age, and increasingly so as the age at marriage rises. To illustrate, where the man is 30-34 years at marriage, the median age of his bride increased from 27.3 years to 27.8 years between 1921-1925 and 1947-1951, thereby decreasing the difference in the age of such couples by one-half year. Where the groom is at midlife, the disparity in age has been reduced by one year, and where he is past age 65, the reduction has been at least two years.

How closely the marriage trends

in Massachusetts reflect the national pattern cannot be determined in the absence of nationwide statistics. No doubt one factor in the Massachusetts pattern has been the declining number of foreign-born, among whom large age differences between spouses are relatively common. However, there are indications from other sources that the age of the bride has become more like the groom's even among the native population in our country. In fact, the current tendency to marry early in life, when the difference between the groom's age and that of his bride is at a minimum, has in itself lessened the age disparity of the average American couple.

The age characteristics of couples

MEDIAN AGE OF BRIDE ACCORDING TO AGE OF GROOM AND PREVIOUS MARITAL STATUS OF THE COUPLE. MARRIAGES IN MASSACHUSETTS, 1947-1951 AND 1921-1925

AGE OF GROOM (YEARS)	MEDIAN AGE OF BRIDE						
	ALL MARRIAGES	SINGLE GROOM			REMARRYING GROOM		
		TOTAL	SINGLE BRIDE	REMARRYING BRIDE	TOTAL	SINGLE BRIDE	REMARRYING BRIDE
	1947-1951						
20-24	21.5	21.5	21.4	25.1	21.9	21.4	24.0
25-29	23.9	23.9	23.7	28.1	24.8	23.8	27.6
30-34	27.8	27.7	27.2	31.5	28.4	26.6	31.2
35-39	32.2	32.1	31.2	35.5	32.6	30.1	34.9
40-44	36.6	36.5	35.5	39.1	36.7	34.1	38.5
45-49	40.6	40.8	39.3	43.3	40.5	37.7	42.2
50-54	44.9	44.5	42.5	47.2	45.0	41.8	46.6
55-59	49.4	49.0	47.0	50.9	49.5	45.1	51.2
60-64	53.6	54.3	51.5	55.7	53.5	48.5	55.0
65-69	58.0	58.2	54.8	61.1	58.0	52.2	59.0
70-74	61.8	63.8	62.5	*	61.8	57.0	62.9
	1921-1925						
20-24	21.5	21.5	21.5	25.6	22.0	21.7	24.6
25-29	24.0	23.9	23.8	28.4	24.5	23.6	28.6
30-34	27.3	27.2	26.7	32.1	27.8	26.6	31.3
35-39	31.0	30.8	29.7	35.4	31.4	29.2	34.5
40-44	35.7	35.5	33.9	39.6	35.9	33.0	38.5
45-49	39.6	39.4	37.7	42.8	39.7	37.0	42.0
50-54	44.0	43.8	41.5	46.8	44.1	40.5	46.3
55-59	47.9	47.4	44.9	51.3	48.0	42.9	50.5
60-64	51.4	51.6	47.1	55.8	51.4	45.9	54.0
65-69	55.4	53.2	*	*	55.5	48.6	58.0
70-74	58.6	*	*	*	58.9	51.0	60.9

*Number of marriages too few to warrant computation.

Source of basic data: Annual reports of vital statistics, Secretary of the Commonwealth of Massachusetts.

have many social and economic implications. Since men experience a higher mortality rate than women, the chances of orphanhood and early widowhood are accentuated in those marriages where the husband is appreciably older than his spouse. Then too, the risk of divorce is apparently greater if there is a marked disparity in the ages of the husband and wife. Clearly, the recent patterns of age at marriage have contributed to the general stability of our families.

How and When Drownings Occur

ACCIDENTAL drownings account for more than 6,500 deaths annually in the United States, or a rate of about 4 per 100,000 population. An increase in the loss of life in small boat accidents has hindered progress in reducing the death rate from this cause since the close of World War II. The limited gains that have been achieved reflect decreases in other types of drowning—those associated with swimming and wading, falls from docks and piers, and similar activities. These types of mishaps not involving water transportation still account for about four fifths of all accidental drownings.

A sizable number of drownings occur in every season of the year, but the toll is heaviest in the summer, when outdoor recreational activities are at their peak. Nearly two fifths of all the drownings in our country each year occur in June and July; the monthly distribution of fatalities is shown in the chart on page 7.

Most victims of drowning are males. As may be seen in the accompanying table, the death rate from accidental drowning among males in 1949-1950 was more than six times that among females, the rates being 7.7 and 1.2 per 100,000, respectively, at all ages combined. The greater spirit for venture among males undoubtedly accounts for their much larger loss of life at every age. The highest death rate from drowning — 12.5 per 100,000 — was recorded for boys 15-19 years of age, but the rates were also relatively high at the adjacent age groups, 10-14 and 20-24. The mortality falls off somewhat with advance in age, suggesting decreased participation in water sports and the development of more cautious behavior. Even so, the death rate among males remained at the level of about 7 per 100,000 throughout adult life.

An insight into the circumstances under which drownings occur at various age periods is provided in recent death claim records of the Industrial policyholders of the Metropolitan Life Insurance Company. Most of the drownings at ages 1-9 years resulted from youngsters falling into or wading in rivers, creeks, and other bodies of water. Among the younger of these children, a considerable proportion of the deaths took place around the home—some of them in ornamental garden pools, cesspools, septic tanks, wells, and cisterns. Only a small part of the

drownings at ages 1-9 years were caused by swimming or boat accidents.

Quite different is the situation at the ages where drowning takes its heaviest toll. In this insurance experience, swimming accounted for more than two fifths of the accidental drownings among boys at ages 10-14 years, and watercraft mishaps for an additional one sixth. These two types of accidents comprised an even greater proportion of the drownings at ages 15-19; swimming accounted for about half of the deaths and boat accidents for one fifth more. In addition, in each of these age groups more than one in every ten drownings occurred while the boys were wading or playing in the water. Among men 20-29 years of age, swimming and boat accidents each were responsible for about one third of the drownings; the remaining fatalities resulted mainly from accidental falls into bodies of water or while the men were fishing.

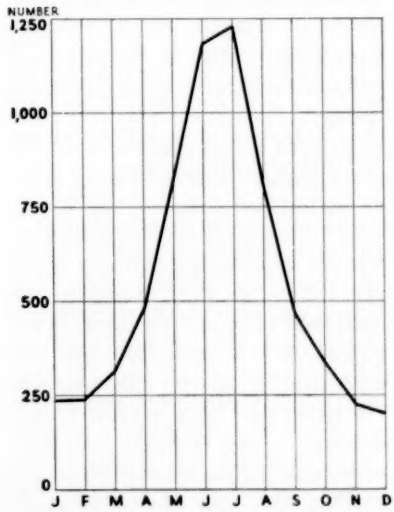
The annual number of drownings in our country can be materially reduced at every age by an intensified and coordinated educational program. Particular emphasis needs to be placed on dissuading people from swimming alone or swimming considerable distances without being accompanied by a boat—precautions which should be heeded by good swimmers as well as by less qualified performers. More people should learn to swim well and to handle themselves properly in boats. Greater

ACCIDENTAL DROWNINGS
DEATH RATES BY SEX AND AGE
UNITED STATES, 1949-1950

AGE PERIOD (YEARS)	AVERAGE ANNUAL DEATH RATE PER 100,000	
	MALES	FEMALES
All Ages	7.7	1.2
Under 1	1.9	1.2
1- 4	7.6	3.1
5- 9	7.1	1.5
10-14	9.4	2.2
15-19	12.5	1.6
20-24	9.4	0.8
25-34	6.6	0.6
35-44	7.3	0.6
45-54	6.9	0.7
55-64	6.9	0.8
65-74	6.8	1.0
75 and over	6.7	1.0

See footnotes to chart.

Accidental Drownings*
AVERAGE NUMBER BY MONTH
UNITED STATES, 1949-1950



*Includes deaths in water transportation accidents.

Source of basic data: Reports of the National Office of Vital Statistics.

stress should be put on the necessity to check the condition of boats, to heed weather warnings, and to stay out of small craft if one is unable to swim. Parents should watch their children more carefully, and wherever possible, hazardous places should be fenced in or securely covered. Much credit for the fine work already accomplished in the field of water safety is due the American Red Cross, the Boy Scouts, the Coast Guard, the National Safety Council, and other organizations.

Health Progress in Canada*

MORTALITY among the Industrial policyholders of the Metropolitan Life Insurance Company in Canada has improved markedly during the past three decades. From 8.8 per 1,000 in 1924, the death rate fell to 4.8 in 1953, a reduction of about 45 percent.

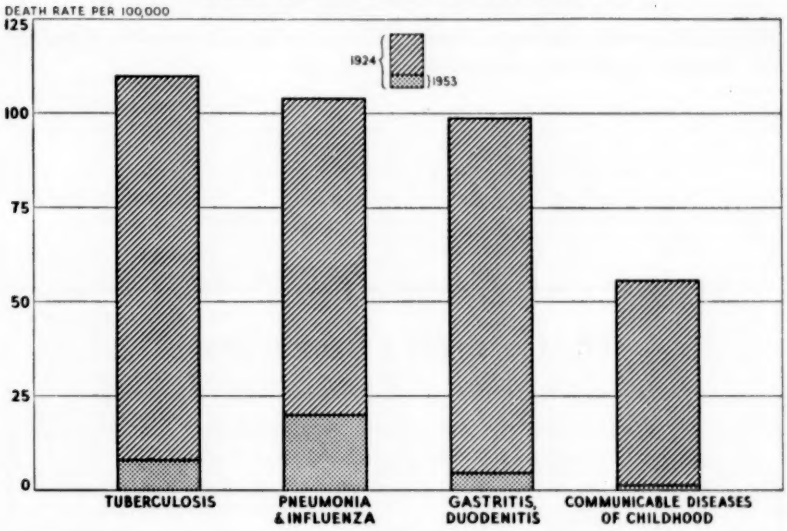
Broadly speaking, the mortality trends in Canada have been similar to those in the United States. In both countries, females have recorded a greater improvement than males; in each sex, children and young adults have enjoyed a more rapid reduction in mortality than people at the older ages. The two countries differ, however, in the level of their death rates at the various age periods. At the ages under 5 years, the mortality among the Metropolitan Industrial policyholders in Canada is about twice that among the insured in the United States. From 5 years up to age 45 the death rates in the two countries vary but little, after which the Canadians record the lower rate.

In Canada, as in the United States, the most impressive gains over the years have been made in the control of the infectious diseases; a few outstanding examples are illustrated in the chart on page 9. Thus, the death rate from pneumonia and influenza among the Canadian policyholders dropped from 104.2 per 100,000 to 19.8 between 1924 and 1953, a decrease of 81 percent. Even greater was the reduction in the death rate from tuberculosis during this period—from 110.1 per 100,000 to 8.0, or 93 percent. In recent years, the decrease in tuberculosis mortality has been particularly rapid, amounting to two thirds in the past four years, a result, in part, of the newer therapy.

Gastritis and duodenitis, which 30 years ago took almost as many lives as tuberculosis among the Company's Industrial policyholders in Canada, recorded a death rate of 4.5 per 100,000 in 1953. These conditions have been brought increasingly under control chiefly through the extension of sanitary services, the protection and improvement in the quality of food supplies, and the widespread education of mothers regarding the care and feeding of young children. At the same time,

*The current year marks the 30th anniversary of the establishment of the Company's Head Office in Canada. However, the Metropolitan had been doing business in Canada for many years prior to 1924.

Decrease in Mortality From Specified Causes
TOTAL PERSONS, ALL AGES. METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL POLICYHOLDERS *in Canada*. 1924 and 1953



the principal communicable diseases of childhood—measles, scarlet fever, whooping cough, and diphtheria—have become very minor causes of death. In 1953, the death rate from all four diseases together was 1.3 per 100,000, or little more than 1/20 the rate from diphtheria alone 30 years earlier.

Among the major achievements in life conservation have been the sharp reductions in infant and maternal mortality. In the general population of Canada, the infant mortality rate has been reduced by about three fifths in the past three decades. Maternal mortality has decreased even more rapidly, the rate now being about 1 per 1,000 live births. Both babies and mothers have benefited from more and better prenatal care, the increased hospitalization of births, better nutrition, and the widespread use of chemotherapy in the control of infection.

As the diseases which affect mainly children and young adults have increasingly been brought under control, the diseases of middle and later life have grown in importance in the total mortality picture. Thus, the cardiovascular-renal diseases and cancer now account for about three out of every five deaths among both the Company's Industrial policyholders and the general population in Canada. It is noteworthy that the death rate from the cardiovascular-renal diseases is not as high in Canada as in the United States.

Canada has made material progress in reducing its toll of premature death. Additional gains may be expected as medical care and public

health services are further expanded and improved. Much can still be done to curb the death rate in infancy and in early childhood, which, as already noted, is considerably higher in Canada than in the United States. Part of this excess mortality results from the higher death rate from accidents among the Canadian children.

The Company's Exhibit at the American Medical Association Meeting

Physicians attending the annual session of the American Medical Association in San Francisco, June 21st to 25th, are cordially invited to visit the Metropolitan Life Insurance Company exhibit:

PROGNOSIS IN HEART DISEASE

It will be on display at Booth 319 of the Scientific Exhibits, Civic Auditorium. It shows the results of long-term follow-up studies of several classes of insured persons—those with heart murmurs, children with rheumatic fever, men disabled by heart disease, and men recovered from disability due to heart disease. The exhibit also presents statistical information on the current importance of heart disease as a cause of morbidity and mortality, and on the changing etiological pattern of heart disease in the population.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED
METROPOLITAN LIFE INSURANCE COMPANY
April 1954

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS				
	APRIL		YEAR-TO-DATE		
	1954	1953	1954	1953	1952
All Causes—Total	624.6	640.0	673.6	708.5	702.7
—Excluding war deaths	622.5	637.4	666.6	706.6	700.2
Tuberculosis (all forms)	9.3	11.2	10.0	11.7	17.9
Tuberculosis of respiratory system	8.4	10.3	8.8	10.5	16.4
Syphilis	2.5	2.6	2.8	3.0	3.0
Communicable diseases of childhood	.5	.4	.4	.3	.9
Acute poliomyelitis	.1	.2	.2	.6	.2
Malignant neoplasms	126.4	117.3	130.5	127.9	127.9
Digestive system	43.8	41.8	47.2	45.8	48.4
Respiratory system	16.6	13.7	16.9	15.7	13.7
Diabetes mellitus	14.3	15.6	15.9	17.0	14.7
Diseases of the cardiovascular-renal system	328.5	341.0	354.7	383.4	376.2
Vascular lesions, central nervous system	65.3	69.3	68.1	74.5	76.2
Diseases of heart	235.9	246.0	258.2	278.7	268.1
Chronic rheumatic heart disease	13.0	11.6	13.5	14.9	14.5
Arteriosclerotic and degenerative heart disease	174.9	181.8	193.1	207.0	196.1
Hypertension with heart disease	39.3	42.6	41.5	45.8	46.8
Other diseases of heart	8.7	10.0	10.1	11.0	10.7
Hypertension without mention of heart	6.7	4.9	6.5	6.3	6.7
General arteriosclerosis	5.8	5.7	6.3	7.2	7.6
Other diseases of circulatory system	5.6	4.7	5.2	5.0	4.3
Nephritis and nephrosis	9.2	10.5	10.4	11.7	13.3
Pneumonia	15.1	19.0	16.2	22.8	21.6
Influenza	1.4	3.9	1.9	6.7	3.3
Ulcers of stomach and duodenum	4.5	4.6	4.9	5.0	5.3
Appendicitis	1.5	1.5	1.2	1.5	1.4
Hernia and intestinal obstruction	3.6	4.0	3.9	4.1	4.2
Gastritis, duodenitis, enteritis, etc	2.2	2.8	2.7	2.4	3.2
Cirrhosis of the liver	9.2	10.3	10.3	11.8	11.2
Diseases of the gall bladder and biliary ducts	2.8	3.9	3.2	3.7	3.3
Complications of pregnancy, childbirth	1.0	1.5	.9	1.4	1.5
Congenital malformations	3.1	3.0	3.0	3.6	3.8
Suicide	5.1	5.5	5.4	5.7	6.7
Homicide	1.6	2.6	2.4	2.9	3.3
Accidents—total	32.9	33.5	35.3	34.0	38.2
Motor vehicle	13.7	14.1	14.3	14.4	15.0
Home	5.9	7.1	7.8	8.2	9.4
Occupational (civilian)	1.7	3.9	2.4	3.3	3.8
War deaths—enemy action	2.1†	2.6	7.0†	1.9	2.5
All other causes	57.2	52.9	60.7	57.0	52.6

*The rates for 1954 and 1953 are provisional.
†The recorded mortality from war deaths in 1954 results from the payment of claims on policyholders originally reported as missing who have recently been declared officially dead.

Correspondence relating to the BULLETIN may be addressed to:
The Editor
STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

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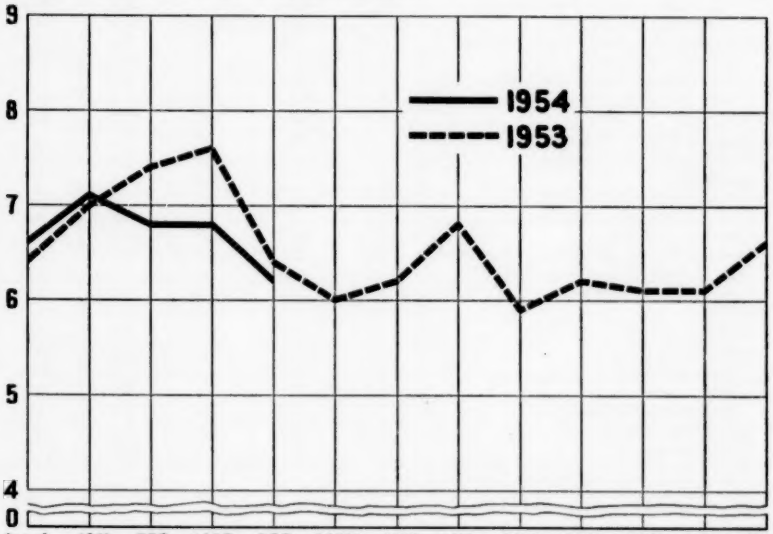
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY · INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS · ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1953	7.0	7.4	7.6	6.4	6.0	6.2	6.8	5.9	6.2	6.1	6.1	6.6
1954*	7.1	6.8	6.8	6.2								

1953 and 1954 figures are provisional
**See footnote † in table on page 11*

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